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HISTORY OF PSYCHOTHERAPY

John R. Cavanagh, M.D.

Dr. Cavanagh sets the stage with a preliminary discussion of various schools of psychotherapy in the first of a two part "History of Psychotherapy" to be published in the Linacre. The second part of the history, an in-depth look at the history of hypnosis will appear in the November issue. That issue will also include Dr. Cavanagh's extensive bibliography for the two parts of his article.

This issue of the *Linacre Quarterly* deals with the morality of psychotherapy. As a preliminary to this discussion, it is important to know something about the various schools of psychotherapy. The most popular of these schools was that of Freud. As a consequence, more time will be spent on Freud and less on the other schools.

Until Freud developed free association and dream interpretation, his main therapeutic instrument was hypnosis. Not only did Freud use hypnosis, but many of his contemporaries did also. Although hypnosis cannot be considered a school of psychiatry, it was so important to all schools that I believe it should be described. For this reason, hypnosis will be briefly described in this first section of this history and considered in length in part II in the next issue of the *Linacre*.

Although the history of psychiatry is full of well-known names such as Benjamin Rush, Tuke, Pinel, Esquirol, Falret, Mesmer, Charcot, and others,¹ no notable

contributions to the psychodynamics of mental disease were made before the time of Freud and Breuer. Prior to that time, the treatment of the mentally ill was largely a matter of custodial care and though numerous studies had been made of hysteria.

Breuer

Modern psychopathology may be said to have had its origin in the work on hysteria of Joseph Breuer. Breuer, as a result of his studies with hypnotism, was led to believe that neurosis had its origin in a failure to express the effect of past mental trauma. He taught that the affect had been suppressed but came forth in the form of symptoms, and that the condition could only be relieved by hypnotizing the patient, bringing about a recall of the initial trauma and at the same time helping him to abreact (work off) the associated emotion. Breuer's work would have received little attention except for his association with Freud, whom he had met in Bruché's laboratory where Freud was studying prior to the completion of his medical degree.

Before Freud had gone to Paris in 1885, Breuer had discussed with him the case of hysteria in a young girl whom he had studied by means of hypnotism and which had revealed to him new concepts as to the causation and significance of hysterical manifestations. This discussion marked the beginning of the development of Freud's system of psychoanalysis.²

Freud

Sigmund Freud was born of Jewish parents in 1856 in a small town in what is now Czechoslovakia. At the age of four, he moved to Vienna where he remained until 1938. In that year because of the German invasion of Austria, he moved to England where he remained until his death in 1939.

In 1874 he became a medical student in the University of Vienna. While there he spent about six years working on the histology of the nervous system in the laboratory of Brücke. Due to his neglect of other phases of his medical studies he did not receive his medical degree until 1881. In 1886 he married and entered private practice in Vienna as a specialist in nervous diseases. His study of his chosen specialty was handicapped by the opposition of physicians when he attempted to study patients in the hospitals, and he was excluded from work in many places. As a consequence, he withdrew from academic life, ceased to attend medical society meetings, and limited himself for ten years to the treatment of private patients with neurotic complaints.

During this period, Freud began to repeat Breuer's studies on his own patients and to confirm and amplify this method of therapy which he now designated as the "cathartic method." As a result of these studies, he came to the conclusion that there was a difference between conscious and unconscious mental acts and studied the significance of the emotional life. In this manner, Freud formulated the theory of repression, which he stated is "the



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The honor of Knight Commander of the Order of St. Gregory the Great was bestowed on Dr. Cavanagh by Pope Paul VI.

Dr. Cavanagh is a frequent contributor as well as associate editor of the Linacre Quarterly. He is the guest editor of the special section in this issue. Articles in the special section deal with some of the moral issues related to psychotherapy, as well as the spiritual moral role of the psychotherapist and the role of the spiritual counselor in relation to patients (clients) with psychological and/or psychiatric disorders.

pillar upon which the edifice of psychoanalysis rests." He explained this process as follows: A mental conflict occurs between a particular impulse or instinct which craves satisfaction, and the moral standards of the individual. The normal solution would be reached by conscious deliberation, a decision being reached regarding the satisfaction of the impulse or its repudiation. In a neurosis, however, the patient cannot tolerate the impulse, refuses it entrance into consciousness and its direct motor discharge, although the impulse retains its full energy charge. The repressed impulse, although unconscious, then finds its discharge and substitutive gratification through symptom formation.

During the ten year period of isolation, Freud continued to develop his theories. He developed the process of free association and abandoned the use of hypnotism. He felt that free associations are subject to determinism and are not a matter of choice. He regarded this method as the "via regia to the unconscious." He recognized the phenomena and importance of transference. In 1900, he published his studies on dreams under the title, "The Interpretation of Dreams;" this was followed in 1904 by "The Psychopathology of Everyday Life" and in 1905 by "Wit and Its Relation to the Unconscious."

Freud was quite impressed with the frequency with which there was a sexual significance to the ruminations of his patients, and his investigations led him to the belief that

neurotic manifestations were due to conflicts between sexual impulses and resistance to the acceptance of these impulses. The criticism which followed the publication of these findings discouraged Breuer, and he later withdrew from collaboration with Freud, who continued his studies alone.

Freud's study of the reasons for the repression of sexual impulses led him back to very early childhood, and he concluded that early sexual traumata formed the basis of later neurotic disturbances. He published these findings in 1950 under the title "Three Contributions to the Theory of Sex."

Freud's Concepts of Sexuality

Since the Freudian concept of sexuality forms such an important basis of present psychiatric thought, particularly his ideas on the oedipal situation, it will be given in some detail. Freud separated the concept of sexuality from the close association which it had with the genital organs. He felt that it included "all of those merely affectionate and friendly impulses to which usage applied the exceedingly ambiguous word 'love'." He considered pleasure as the goal of the sexual function and felt that this function exists from the beginning of life.

These sexual feelings, he stated, are at first diffuse and their object is the subject's own body (autoerotic). These feelings later become localized in certain erotogenic zones, the first of these areas being the lips, and the pleasure that the infant gets from sucking (oral stage) is

considered sexual in nature. Later, the erotogenic zone shifts to the anus, where the sensation arises first in the pleasure in giving feces (anal-erotic stage) and later in withholding feces (anal-sadistic stage). The next shift is to the genitals, where it is at first unorganized (phallic stage) but later develops into the adult or genital stage.

To explain certain neuroses, Freud stated that the libido, the energy of the sexual instincts, does not move smoothly along the course of development, but that, as a result of a traumatic experience, it may become fixated at any level, or, if the individual has progressed beyond, he may regress to any previous level where pleasure was obtained. The stage of libido fixation determines the choice of the neurosis. This mechanism of fixation he also used to explain the various sexual perversions, which he felt represented merely either fixation at, or regression to, the appropriate childhood level of sexuality.

He further stated that the first love object in both sexes is the mother. This relationship he described under the title of the oedipus complex, which was one of his most disputed concepts. This concept forms such a basic part of the Freudian theory, and, since it has been adopted in some measure by many subsequent writers, it warrants a rather full description.³

The Oedipus Complex

The male child's first love object

is the mother, upon whom, at first, he is entirely dependent. He craves her full attention, her interest, and her caresses. He becomes disturbed when she shows interest in any others, but especially disturbed by any interest she may show in the father, of whom he is jealous. He regards his father as a rival for his mother's love. He feels that his father may be successful in his attempt to win his mother, and, as a result, he wishes to do away with his father.

He discovers about that time that some people also have no penis and wonders why. Could this be as a punishment (castration fear) he asks himself? If so, perhaps he had better curb his aggressive feelings toward his father so that he will not be punished. He, therefore, relinquishes his sexual feelings toward his mother and develops tender feelings instead toward both parents, and turns his erotic feelings towards females and his aggressive feelings towards other males outside of the family group.

The female oedipus complex, sometimes referred to as the Electra complex, is, at first, the same as that in the boy, inasmuch as the girl's first love object is also the mother and she wishes to destroy all rivals for her affection. She also discovers that some people have penises and wonders why. She feels that in some way her mother has failed her and is hurt. Because of this, she turns from her mother to her father in the hope that he will give her a penis. This hope does not materialize, and she

finally realizes that she cannot have a penis but hopes that the father will give her a baby instead. The father continues to favor the mother, and this increases the child's hostility, but she soon fears that the mother may retaliate, and, therefore, turns her aggressive feelings toward others outside of the family and develops tender feelings toward her mother. Freud felt that the female oedipal situation was not as well worked out as that in the male. He also stated that it is resolved much more slowly and that a complete solution may not occur.⁴

Repression, according to Freud, accounts for the fact that these ideas are not only forgotten, but seem so fantastic to us as adults. That such situations occasionally occur is undoubtedly true, so also do cases of "penis envy" and "castration fear." These cases, however, are very much in the minority, and, as a universal concept, there is no scientific basis for them. That there is a strong emotional bond between the child and its parents is generally admitted and can be easily demonstrated.

The idea of Kraines in this respect is probably much nearer the truth. He feels that the child has never learned emotional independence and early in life identifies with the parent of the same sex. The boy learns that he is masculine "like his father" and that marriage may occur with girls "like his mother." The boy's thought runs somewhat as follows: "Boys marry girls, I am a boy and, when I grow up, I will marry a girl just like my mother since she

is the nicest girl I know."⁵

At first, Freud's studies received very little attention from psychiatrists or the medical profession, but, beginning in about 1900, a few students began studying with him in Vienna. About the same time in Zurich, Switzerland, Bleuler, Jung, and others began to apply psychoanalytic teaching to their treatment of psychotic patients. In 1906, Jung published his well-known work on "The Psychology of Dementia Praecox," in which he used analytic interpretation in explaining the symptoms and thought content in cases of schizophrenia. In 1907, Freud received his first public recognition when he was visited by men from the Zurich clinic. Later, a meeting was arranged by Jung in Salzburg, Austria, where ideas were exchanged and the first journal devoted to psychoanalysis was founded. This was to be published by Freud and Bleuler and edited by Jung. Brill, who had been a student at the Zurich clinic, learned there of the work of Freud and became his enthusiastic disciple. It was Brill who introduced his works into the United States and translated most of them into English.

About four years after this meeting (1911-1913), the first disagreements appeared among the original group and two major movements of disagreement appeared. Adler, who had been active in psychoanalytical work for ten years, developed his school of "Individual Psychology" and Jung developed another, which was called "Analytical Psychology" at the insistence of Freud,

so that it would not be confused with his school of psychoanalysis.

Much of the terminology found in psychoanalytical literature was originated by Freud. The terms foreconscious or preconscious, unconscious as well as ego, id, and superego were first used in their present sense by Freud.

More Acceptable Features of Freud's Doctrine

It is evident that Freud's teachings in psychiatry contain points of view and captions for which a psychological equivalent in a wide sense of the word has always existed in dualistic psychology. Certain aspects, therefore, of the Freudian system, if correctly grasped and interpreted, may be carried over to a psychiatry based on dualism. Amongst such common elements and material, the following items seem to stand out with striking emphasis.

- I. Substitution of a psychological for an organic approach to the etiology of mental disorders.

This does not mean that Freud abandoned materialism. In his discussion of psychic life, Freud never ascended higher than the instincts and impulses. However, he realized that a merely organic approach to a mental disorder was fatal and that a psychogenic explanation was essential.

- II. Certain aspects of the technique underlying psychoanalysis.

Contrary to general impressions, the technique of psychoanalysis is

not necessarily bound up with Freudian psychology exclusively. They are not inseparable nor complementary. Free association and dream analysis (with the patient doing the analysis) can be used by anyone irrespective of his philosophical and psychological background.

We think the following citations from Donceel fairly well represent the dualistic reaction to Freudian psychoanalysis.

There are in psychoanalysis quite a number of notions which, if well understood, can be easily integrated into a Christian conception of man. However, even these notions, as they are presented by the Freudians, too often imply materialistic connotations and must therefore be carefully examined.⁶

It must be emphasized that there are valuable elements in psychoanalysis, but that they are generally connected with errors, exaggerations, and distortions. The system as a whole, in its pure Freudian form, must be rejected.⁷

- III. The concepts of the id, ego, and superego which Freud elaborated have their vague general equivalents in dualistic psychology.

1. *The Id* is described by Freud as a sort of storehouse of instinctive energy, the fount of untamed drives and passions. In general, it may be said that instinct could be considered the scholastic equivalent of the id. Race images need not be considered and cannot be admitted as part of instinct.

2. *The Ego*: The ego is the result of the combined influences of the external reality, the id, and the superego. The ego corresponds to a blend of the mind and the

will. There is no will in Freud's theories.

3. *The Superego*: The superego with numerous restrictions is the power in Freud's doctrine which comes closest to conscience.

4. *The Censor*: This is an influence which prevents ideas contrary to accepted standards from coming into consciousness. This inhibiting force may be considered to correspond to good moral habits which work almost automatically and instinctively.

5. *The Libido*: There has been too much controversy on this topic to say that the libido and all that it entails in Freudian literature is wholly acceptable. It seems, however, only reasonable that there should be some psychic energy which is the dynamic source of all our instinctive impulses. Although Freud seemed in the beginning to be using this term in its commonly accepted meaning, he later stated that such impulses were not sexual in the common sense of the term, but included all impulses regarding self and the preservation of the race.

6. *Psychic Determinism*: To quote Donceel:

According to this hypothesis, psychological phenomena, as well as physiological or physical phenomena, have definite causes, from which they follow with absolute necessity. Forgetting a name, dreaming a certain dream, experiencing a mood or a certain emotion, manifesting a neurotic symptom—all these are psychological phenomena. Philosophically there is no objection to the principle, provided we accept the free decisions of our will. Only man's will, in its deliberate and conscious decisions, escapes the law of psy-

chic determinism. Freud, of course, does not mention this exception.⁸

Objectionable Features in Freud's Theories

The following are a few of the more objectionable features to be found in Freud's writings.

- I) *Freud was in no sense a trained philosopher.* He was, therefore, unable to apply the principles underlying logic, psychology, ethics, or natural religion to the solution of any case. "Nowhere in his works has Freud boldly confronted the problem of problems—metaphysics."

"Even when I have moved away from abstraction, I have carefully avoided all contact with philosophy proper."¹⁰

- II) *Freud was a materialist.* Though Freud makes use of psychic terminology, his underlying current of thought was invariably materialistic. Hence the structure of the psychic life in Freud's writings.

- III) *Freud maintained complete human evolution.* The entire man as envisaged by Freud was the end result of evolution from more primitive forms of life.

- IV) *Freud overemphasizes sex.* "A remarkably illogical procedure seems to be responsible for overemphasis on sex by psychoanalysts (by Freudians especially). Whatever form of behavior or thought is ever found in any life to be associated with sex, they seem to assume to be always connected with sex in every life."¹¹

- V) *Freud does not differentiate between sense and rational knowl-*

edge.

VI) Freud denies the will and its freedom.

VII) Freud incorrectly explains the origin and the development of morals in terms of the activity of the superego.

VIII) Freud rejects a rational approach to God's existence.

God's existence, Freud maintains, is a self-created hypothesis designed to fill man's felt need for protection. "He creates for himself the gods, of whom he is afraid, whom he seeks to propitiate, and to whom he nevertheless entrusts the task for protecting him."¹²

IX) Freud denies the divine origin of religion. Religion, he claims, is a "mass delusion."

... each one of us behaves in some respect like the paranoiac, substituting a wish-fulfillment for some aspect of the world which is unbearable to him, and carrying this delusion through into reality. When a large number of people make this attempt together and try to obtain assurance of happiness and protection from suffering by a delusional transformation of reality it acquires special significance. The religions of humanity, too, must be classified as mass-delusions of this kind. Needless to say, no one who shares a delusion recognizes it as such.¹³

The child's defensive reaction to his helplessness gives the characteristic features to the adult's reaction to his own sense of helplessness, i.e., the formation of religion.¹⁴

Ludwig claims that:

Freud was like a man constantly looking through a too strongly cut lens. Because he passed on the glass to the rest of humanity, millions are seeing the world distorted, just as he did—thus supplying themselves with wholly unnecessary headaches.¹⁵

Dalbiez concludes his discussion

on the Psychoanalytical Method and the Doctrine of Freud by saying that:

Psychoanalytical investigation does not explain the philosophical aspect of philosophy, the artistic aspect of art, the scientific aspect of religion. The specific nature of the spiritual values eludes the instrument of investigation which Freud's genius has created. Psychoanalysis leaves the fundamental problems of the human soul where it found them.¹⁶

Hypnosis

As pointed out in the opening paragraphs, hypnosis was an important instrument in the armamentarium of Freud and his contemporaries. There are many misunderstandings about hypnotism, so that a brief description is important.

A committee of the American Medical Association was in agreement with a subcommittee of the British Medical Association as to the nature of hypnosis:

A temporary condition of altered attention in the subject which may be induced by another person and in which a variety of phenomena may appear spontaneously or in response to verbal or other stimuli. These phenomena include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further, phenomena such as anesthesia, paralysis, and the rigidity of muscles and vasomotor changes can be produced and removed in the hypnotic state.

Hypnosis has a long and not always honorable history. Most of the time, it has been in the hands of charlatans and quacks, although more recently it has been the sub-

ject of serious study on the part of certain members of the medical profession. Some dentists have found it useful in recent years but because of its difficulty it seems unlikely that they will continue to use it.

The long argument as to whether an individual can be persuaded to perform criminal or immoral acts under its influence seems likely to be settled. If the performed act is suggested *sub specie boni*, the subject is quite likely to accept it if he is sufficiently deep in his trance.

Therapeutically, hypnosis is a poor substitute for other more acceptable procedures. When employed, it should be by one properly trained. It should be only employed under proper medical-dental auspices. More research is needed. The use of hypnosis for frivolous purposes should be vigorously condemned.

Individual Psychology

Alfred Adler lived from 1870 to 1937. A resident of Vienna, he joined Freud and his group in 1902 but his studies in organ inferiority forced him to conclusions incompatible with Freud's theories. Therefore, in 1907 he began to secede from that school and established his own school of Individual Psychology. He had assisted Freud in the development of a concept of the ego but was forced away from him when Adler began to place more emphasis on the ego as against the libido. He also believed that Freud was overemphasizing sexuality.

The psychopathology of Adler is based on the "masculine protest" which he seems to have derived from the "will-to-live" of Schopenhauer and the "will-to-power" of Nietzsche. His reason for calling the "protest" of the neurotic "masculine" is based on the concept that the "male" man has always been taken as the criterion of complete human potency, whereas the feminine aspect of the individual has always been relegated to an inferior position.

One important aspect of this masculine protest, according to Adler, resulted from an inherited inferiority of bodily organs and the nervous tissues controlling them. This inferiority led to attempts at compensation by either the organ itself, its paired mate, or organs elsewhere. If, for example, one kidney was damaged or inferior, the opposite kidney would compensate for it. The enlargement of the heart in hypertension is a familiar example of this type of compensation. This organ inferiority might in turn give rise to psychic manifestations which would reveal themselves clinically as feelings of inferiority.

In compensating for these feelings of inferiority and his sense of inadequacy, the person achieves a sense of importance or dignity sufficient to balance his sense of weakness or frustration. Man is guided by some goal (directive fiction) or end connected with his desire for superiority. It is in his inability to achieve this goal, Adler states, while still conducting himself as a member of society,

which is the genesis of a neurosis.

As Adler amplified this system, he paid less attention to organic defect and more attention to feelings of inferiority and inadequacy and the urge toward compensation. Murphy sums up Adlerian psychology in this way:

... he regards all mental illness as derived either directly or indirectly from humiliation and a sense of failure and believes that every patient aims at the removal of such humiliation and the acquisition of a sense of power or prestige.

Adlerian psychology was the first dynamic theory of personality, and, although incomplete and thought predated some of the basic postulates of Freud, e.g., he denied the importance of repression, he rejected his theories of infantile psychosexual development, he ignored the latent content of dreams, he paid little attention to the role of the unconscious, and ascribed little or no driving power to the emotions.^{18, 19, 20, 21}

Adlerian psychology was the first dynamic theory of personality, and, although incomplete and thought by many to be superficial, it is, nevertheless, an important contribution which emphasized an aspect of personality which had been previously underestimated. Clinically the system has considerable value in understanding the behavior problems of children, but as pointed out by Moore²² it is not a complete psychology.

Adler seeks the origin of neurotic conditions in the degree to which an individual has been well or ill-prepared to meet and solve the problems of life.

This lack of preparation may be traced back to the earliest years of childhood. It is a matter not so much of the conscious or the unconscious, as to the lack of understanding. . . . We cannot trace all neurotic conditions back to a faulty education of the child for meeting the difficulties of life.

Adler also failed to distinguish clearly between the striving for rational and irrational power. As pointed out by Mullahy:

... he did not see clearly between the striving for irrational power—the striving for power over people—and the sense of adequacy, competence, and power which comes from self respect and respect for others—a rational feeling of power. Hence, he was not able to see that is the manner in which human potentialities are given a chance to develop, or are thwarted, or distorted, which is the essential point.²³

In his work, *The Practice and Theory of Individual Psychology*, Adler has attempted to apply his concepts to clinical psychiatry and although this work contains numerous clinical cases with statements in regard to etiology, very little scientific evidence for the statements is given.

Analytical Psychology

Carl G. Jung was born in Basel, Switzerland, in 1875. He was interested in abnormal psychiatry from an early age, and was a student of the Zurich School which had Eugene Bleuler at its head. In 1905, he was appointed lecturer at the University of Zurich and became a senior member of the Zurich group. While Freud was working with neurotic patients in Vienna, Jung was using similar techniques

with psychotic patients in Zurich. As previously noted, Jung was one of the original group which collaborated with Freud in 1907 but, as in the case of Adler, it soon became apparent that they were using different methods of research and that they had little to contribute to each other. In 1913, he discontinued his work with Freud while still remaining President of the International Analytical Association. This apparently displeased Freud who with some of his followers became very critical of Jung, not only of his work, but as a man, and accused him of anti-semitism.

Some of Jung's work is well known although his connection with it is frequently overlooked. For example, Jung, before his association with Freud, introduced the association test which has become an integral part of clinical psychology. The purpose of the test is to discover by means of free association the presence and nature of hidden complexes. Jung prepared a list of 100 common words which were read to the patient one at a time and he was asked to give his first association to each word. Any delay, unusual emotional response, or unusual association, was regarded as a "complex indicator" and was used as a basis for further clinical investigation. Two other terms in common use—introversion and extroversion—were coined by Jung and have been universally accepted into psychological terminology. Jung is probably best known for his work on the psychoanalytic interpretation of dreams.

Jung distinguished in man four basic functions:

1. Thinking
2. Feeling
3. Intuition
4. Sensation

Thinking and feeling places at the two ends of the pole and intuition and sensation at the two ends of another pole in a four-dimensional spatial system. On the basis of these functions he distinguished four types of mental makeup.

1. Rational types
 - a) The Thinking Type
 - b) The Feeling Type
2. Irrational Types
 - a) The Intuitive Type
 - b) The Sensational Type

He regards the latter types as irrational because they are more impulsive, do not judge or evaluate as do the first two types, and are not as discriminating. When any type is dominant, its opposite must be repressed. For example, the feeling type represses thinking and the intuitive type represses sensation. The repressed or inferior type makes itself felt in the unconscious. Reference has already been made to the characters of introversion and extroversion; these do not depend in any way upon mental function but upon one of attitude, a way of regarding the world of reality around us. Just as the inferior function is repressed, so too, according to Jung, is the secondary attitude. An introvert's unconscious is extroverted, and vice versa. Thus according to Nicole:

The extrovert seeks contact with the world, he goes outside of himself to

meet it, and his reactions are directly related to the present condition of his environment. But the introvert behaves otherwise: he shuns the world, retreats into himself, and his attitude is more subjective than objective.²⁴

Anal and psychology can be better understood when compared with the better known psychology of Freud.

1. *The structure of the personality.* The two psychologies differ greatly in their concept of the structure of the mental life. The principal difference is in the Jungian belief in the collective unconscious. According to Jung, the conscious part of the psyche is that which is in direct contact with external objective reality. The conscious part has an outer shell or cover, the persona. The persona is named after the mask worn by the ancient Greek players and according to Jung expresses the personality as it appears to others. The ego forms the central "core" of the conscious. Out of the field of consciousness and forming the next deeper layer, so to speak, is the repressed material forming the personal unconscious. Below this, in still a deeper layer, is the impersonal or collective unconscious. Jung's concept of the unconscious is described by Woodworth as follows:

Jung regarded the unconscious in the same significant fashion as Freud and if anything made more of it. In addition to the personal unconscious that Freud writes about, Jung states that there is another part of the unconscious which is more important and which he calls the racial unconscious or the collective unconscious, out of

which both the conscious and the unconscious life of the individual develop. Only rarely does this deepest unconscious show itself in dreams or in the neurosis, but fantasies of really insane persons sometimes bring to surface weird ideas and ways of thought which have never been experienced before, that seem like vestiges of the primitive thinking of the race. The collective unconscious is inherited, just as everything else is, by way of the structure of the organism. Inherited brain structure disposes the individual to think and act as the race has been habituated to think and act through countless generations of primitive life. The collective unconscious consists of instincts and archetypes. The instincts are primitive ways of acting. The archetypes are primitive ways of thinking. The collective unconscious does not contain ideas exactly—nothing as clear cut as that. But it contains natural ways of thinking, lines of least resistance, tendencies to gravitate in our ideas towards primitive modes of thought. In dreams, nightmares, hallucinations and delusions of the insane, and even in our waking life when we are caught off guard by something for which we are totally unprepared such as an earthquake, our recently won scientific conceptions of natural processes drop away and we think animalistically or have vague primitive notions of magic and spirits, fairies, witches, dragons and the devil.²⁵

2. *Jung's theory of libido differed radically with that of Freud.* Mullahy summarizes this difference:

In (Jung's) *The Theory of Psychoanalysis* the concept of libido is altered so that it is made synonymous with undifferentiated energy. In this sense, the meaning of libidinal or psychical energy is analogous to the meaning of energy in physics, which may be considered as manifesting itself in various forms; potential, kinetic, etc. Due to evolutionary change, the libido, which was originally to a large extent of a primarily sexual character, became de-

sexualized. So the libido is considered to be manifested in various activities and forms, in nutrition, in play, sexual feeling and love, etc. For Jung the real value of the libido theory lies not in its sexual definition, as he put it, but in the "energetic" conception of it. "We owe to the energetic conception," says Jung, "the possibility of dynamic ideas and relationships, which are of inestimable value for us in the chaos of the psychic life." In other words, psychical "energy processes" are life-processes.²⁶

3. Jung used *dream analysis* as did Freud, but he interpreted dreams as not simply revealing old repressed sex wishes, but as indicating the patient's unconscious attitude toward his present problems.

4. Jung differed from Freud regarding *the role of family life* surrounding the child in shaping his later development. While Freud claimed that to hold that the oedipus complex was of a purely sexual nature was most important, Jung held that this was important but that the *attitude* of the parent is most significant. He believed, as many since have believed, that problem parents make problem children and both must be treated.

5. *The concept of psychotherapy resulting from Jung's psychopathology is radically different from the analytic technique of Freud.* Moore describes this difference in these words:

The psychological treatment must not only destroy an old, morbid attitude, it must also build up a new, sound attitude. But for this a reversal of vision is needed. Not only shall the patient see from what beginnings his neurosis arose, he shall also be able to see towards what justifiable aims his

psychological tendencies are striving. One cannot, as though it were a foreign body, simply extract the morbid element, lest one remove with it an essential piece, which, after all, is destined to be lived with. This piece must not be weeded out, but must be transformed, until it attains that form which can be included in a way that is meaningful to the whole of the human psyche.²⁷

6. According to Jung, *the importance of religion*, or at least a religious attitude cannot be overestimated as an element in the psychic life.

7. "*Psyche*" as used by Jung is more akin to the Catholic concept of soul and the term is used as referring to an immaterial substance which he describes as "characterized first of all by the principle of spontaneous movement and activity, secondly by the property of free creation of images outside of sense perception, thirdly by the autonomous and absolute manipulation of these images."

The psychology of Jung is less materialistic than that of Freud although still heavily tainted. In some places indeed, it becomes quite mystical.^{28 29 30} There is no proof of his concept of a collective unconscious and on the basis of our present knowledge of heredity it seems unlikely that such ideas could be inherited.

The Psychobiology of Meyer

Perhaps the most influential figure in modern American psychiatry was that of Adolph Meyer.³¹ His contribution is not so much in the realm of theory as in the realm of practical technique. Essentially, his

is a practical, common-sense method of dealing with the integral individual as acting. Normal, and especially abnormal people, must be viewed as psychobiological units made up of a united body and soul. He himself defines his system as a study of the total integrated and functioning personality of the individual, resulting from the biological and mental forces at work, and these in relation to the environment.

In order to obtain such an understanding of the functioning individual, it is necessary to obtain a complete picture of the individual as acting. This is the composite picture formed as a result of a careful study of the individual's past, and an understanding of his dominant interests, traits, difficulties, handicaps, social activities, ambitions, failures, etc. A complete physical and mental examination is required. Anything and everything is utilized to give a complete picture. All theories are eschewed; the facts of the case are the all-important thing. A single factor is seldom, if ever, considered the only cause of a disorder. It is most generally brought about by a cluster of factors.

There is much virtue in this popularly accepted technique. It capitalizes on common sense. It is predominantly interested in facts. It painstakingly employs every device to acquire the necessary knowledge of the patient. It fully comprehends the tremendous complexity and diversity of clinical cases.

Sadler³² thought that Meyer's philosophy and technique were

"too scientific and thoroughgoing." That criticism is hard to understand. He also says that his concept is "too common-sense," his terminology "too involved." The latter remark has much merit. Many would want further enlightenment on the charge that psychobiology is "too common-sense," but whatever validity these criticisms may enjoy they are secondary in importance. The strongest criticism of Adolph Meyer's theory and work is that it is predicated upon a materialistic concept of man and human life. Mind is matter. Anything like a supra-organic life is unknown. If this materialistic concept of man and human life is true, then psychobiology loses much of its value. None of Meyer's many followers have as yet presented a view of psychobiology expurgated of materialism. Even though it is not a philosophy but rather a technique, it cannot be forgotten, that as presented by Meyer and his followers the system is predicated upon and takes for granted the typical psychology of the materialist.

Behaviorism

This school of psychology enjoyed a tremendous popularity in the first part of the current century and, even though it has ceased to be a dominant school of thought, it continues to exercise some influence. As its name indicates, behaviorism insists that the study of psychology should be that of behavior and not of consciousness. J. B. Watson³¹ was the chief exponent of this system. All conduct,

according to behaviorism, is a matter of conditioned reflexes; mind, will, personality, do not exist. Training and education are to be achieved by controlling the reflex and are entirely a matter of stimulus and response.

Behavioristic psychology is really physiology. Other materialists make some pretense of salvaging the intellect and will, but the behaviorist makes none. The system has been condemned by materialists themselves as being ultra-materialistic and mechanistic. The conditioned reflex is an important fact in psychology, but behaviorism hopelessly exaggerates its significance, and, in general, contributes very little to the understanding, treatment, and prevention of abnormality. The materialism of the system renders it well-nigh useless in the understanding of psychiatric data.

Constitutional Psychology

According to Draper, constitution is defined as "that aggregate of inherited characteristics, modified by environment, which determine the individual's reaction to the stress of environment."³² The possession of each individual of a factor of personal identity which marks him as a unique specimen is a basic belief of constitutional medicine.

Dr. George Draper founded the Constitution Clinic at the Presbyterian Hospital in New York in 1916. Since that time he has continued his research and is the recognized leader in the field.

Draper, for the sake of convenience in study, divided the personality into four main categories or panels. "The use of the four-panel arose from the conception of a Japanese screen composed of four panels, across which was painted a complete picture; any one of the panels of such a screen alone would signify little, for upon it could be found but one phase of the whole." The four categories which he selected for study were (1) morphology, (2) physiology, (3) psychology, (4) immunology. This work represents a marked advance over the work of Kretschmer and others who attempted to classify men within specific types. This type of study is inadequate and, as pointed out in our chapter on etiology, without a firm scientific foundation. Draper attempted to study man in his entirety and his work furnished a spearhead in the development of psychosomatic medicine, for in 1928 Draper's first paper, "Disease, A Psychosomatic Reaction" appeared.³³ His emphasis on the unity of the organism is credited by both Cobb³⁴ and Braceland³⁵ for the present day awakening of the profession to the concept of psychosomatic medicine.

Karen Horney

A brief description of the work of Horney is presented to show the extent to which the newer school of psychoanalysis has deviated from the original postulates of Freud. Horney, as do many other recent writers, places much more stress on environmental in-

fluences than on childhood trauma. This difference may be stated in her own words:

I do not believe that any conflict between desires and fears could ever account for the extent to which a neurotic is divided within himself and for an outcome so detrimental that it can actually ruin a person's life. A psychic situation such as Freud postulates would imply that a neurotic retains the capacity to strive for something wholeheartedly, that he is merely frustrated in these strivings by the blocking action of fears. As I see it, the source of the conflict revolves around the neurotic's loss of capacity to wish for anything wholeheartedly because his very wishes are divided, that is, go in opposite directions. This would constitute a much more serious condition indeed than the one Freud visualized.³⁶

In her study of neuroses Horney points out, with others, that the essential factor common to all neuroses is anxiety and the defenses built up against it. She describes a neurosis as "a psychic disturbance brought about by fears and defenses against these fears, and by attempts to find a compromise solution for conflicting tendencies."³⁷ As to the source of this anxiety, she feels that it arises from hostile impulses of various kinds.³⁸

She feels that underlying all neuroses regardless of their variety there is a "basic anxiety" which she describes as a feeling of being small, insignificant, helpless, endangered, in a world that is out to abuse, cheat, attack, humiliate, betray, and envy. This "basic anxiety" gives rise to three basic attitudes which cause the individual to move (1) toward people, (2) away from people, and (3) against

people. "In each of these attitudes one of the elements involved in basic anxiety is over-emphasized: helplessness in the first, isolation in the second, and hostility in the third." (1) It should be understood that all three attitudes may be present in any one individual; one attitude, however, predominates. Based on this predominance Horney describes three types of personality, (1) the compliant type, (2) the detached type, (3) the aggressive type. Moral problems play an important part in neurosis according to Horney, this being a further departure from Freud, who felt that morality was not a question for scientific consideration.³⁹

Horney presents a theory of neurosis which has been expurgated of many Freudian misconceptions and faults. She has particularly eliminated the libido theory which was one of Freud's most contested ideas. Her own theory, while well worked out at some levels, is not very clear in its fundamentals which need further clarification.

FOOTNOTES:

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